Rev. 06/2006



State of Idaho

Ben Ysursa Secretary of State

LOBBYIS	T REPORT	FORM

ANNUAL ☐ SEMI-ANNUAL

Page____of___ __Page(s) THIS SPACE FOR OFFICE USE ONLY

To Be Filed By:

LOBBYISTS (Sec. 67-6619) 08 JAN -7 AM 9:30

EUNE PART OF STATE STATE OF IDAHO

Lobbyist's name and permanent business address Carate O'Danahue 1884 S. Marsh Wood Pl. Mer. diam ID 88647	(Type or print clearly in black ink) See instructions at bottom of page		STATE OF IDAHO
1884 5. Marsh Wood Pl. 1-4-08 (Mo.) (Day) (Yr.)		Date prepared	
Meridian ID 85647	1884 S. Marsh Word Pl.	1-4-08	
	Meridian ID 82642		1 31 07

Item 1	Totals of all reportab	able expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.						
Reimb	ategory of Expenditure ursed Personal Living and Travel	*Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)					
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		" Atl Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment		\$	\$	\$	\$	\$		
Living	Accommodations				-			
Advertising								
Travel								
Telephone								
Other I	Expenses or Services							
	Total	s_O	\$	\$	\$	\$		
*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.								

Item	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.					
2	Date Place		Amount	Names of Legislators, Public and Executive Officials in Gro		
			0			
-1-6						
		,				

Continued	on	attached	page(s)
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I	INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
	Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1	dansars for Excellence in Education
	Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.	No. 2	0 Box 933
	TO BE FILED WITH: Ben Ysursa Secretary of State	No. 3	Buse 20 83701
	PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 4	

Item 4	personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.							
	D	ate	Amount	Nam	ne of L	egislator, Public or Executive Offic	ial Rec	eiving or Benefiting
				refer to Campaign Financial re Reports provided by I.E.E., Johnson, treasurer. LEGISLATIVE SUBJECT IDENTIFICATION				
5				•	Code	Subject	Code	Subject
Subject (from the subject of the sub	Code			Appropriation Bill Number and Section Number	Code of the first	farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, county Government, fiederal Government, municipal Government, special districts	17 18 19 20 21 22 23 24 25 26 27 28 29 30	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisherles, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)
Item 6	соп	tract bid		lecision, procurement, ancial services agreement or opposing.	L L	ERTIFICATION: I hereby certify the orrect statement in accordance with Somethic complete the complete of the c		
					Er	nployer No. 3 signature		Date
					Employer No. 4 signature Date			Date